

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001924

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 6 1963

Primary Registration District No. 1002

Registrar's No. 305

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Martin P. Hunter, M.D.
MEDICAL CERTIFICATION

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITYLength of stay in 1b
17 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI

b. COUNTY JACKSON

c. CITY
OR TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
507 WEST 39TH STREETReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HELEN

L.

WEATHERWAX

4. DATE OF DEATH

Month

Day

Year

JANUARY

16

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/6/92

9. AGE (last birthday)

70

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

BROTHERHOOD OF RAILWAY CARMEN

11. BIRTHPLACE (City and state or country)

CLARION, PENNA.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

S. WINFIELD WILSON

13b. MOTHER'S MAIDEN NAME

ELLA GARDNER

14. NAME OF HUSBAND OR WIFE

DR. WALTER J. WEATHERWAX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

124 GARDNER W. HEIDRICK

17. INFORMANT

181 S. COUNTY LINE ROAD HINSDALE, ILLINOIS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 15, 1959 to Jan 16, 1963 and last saw her alive on Jan 16, 1963
Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin P. Hunter M.D.

22b. ADDRESS

4706 Broadway

22c. DATE SIGNED

1/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

JAN. 17. 1963

23c. NAME OF CEMETERY OR CREMATORY

D.W. NEWCOMER'S SONS

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS, 1331 BRUSH CREEK, KANSAS CITY, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

1-17-63

26. REGISTRAR'S SIGNATURE

Keith Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Mr. Martin Hunter
4706 Broadway

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David P. Honey

Licensed Embalmer No. 724

P. O. Address RCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.